

**Q: What is the Early Help Assessment relationship with specialist interventions?**

**A:** The idea is that the Early Help Assessment will provide the framework to support the child/children and family at the earliest time but any specialist assessments will provide additional information and services to support the child/children and family.

For example, this assessment can provide evidence towards an Education Health and Care Plan if that is required for a child with complex needs.

Specialist interventions from Educational psychologists, medical professionals, and sensory support will provide their own reports which will be part of the Early help Assessment.

**Q: How do you cope if there is more than one child involved in a plan?**

**A:** An Early Help Assessment will focus on the whole family and, if there is more than one child who needs an EHA then they can be included on the same document. This document will also include wider family information so that any other needs within the family can be addressed.

**Q: Can a parent or carer initiate an Early Help Assessment?**

**A:** If a parent or carer would like an Early Help Assessment, they should discuss this with a professional who is already providing a service to them. This could be a health visitor, GP, school teacher or pastoral support staff.

**Q: Who can be the author and/or Lead Professional?**

**A:** This role can be taken on by different types of practitioners within the Adults / Children's workforce.

**Q: What is the role of the Lead Professional?**

**A:** The Lead professional will:

- Act as a single point of contact for the child and family.
- Coordinate the delivery of actions agreed.
- Reduce overlap and inconsistency in the services received.

The Lead Professional is accountable for their own service; they are not accountable for the actions of others.

**Q: What skills and knowledge are required in a Lead Professional?**

**A:** Lead Professionals needs the knowledge, competence and confidence to:

- Develop a successful and productive relationship with the child/children and family and be able to communicate without jargon.
- Organise meetings and be able to have discussions with different practitioners.

If you need this information in Large Print, Braille, Audio or in another format or language please contact us:

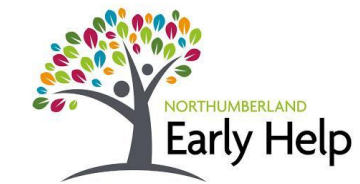
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# Early Help Assessment (EHA) in Northumberland

## Frequently Asked Questions



“When your child needs extra support, we want to find the best way forward as soon as possible”.

This leaflet answers frequently asked questions in order to provide a better way of everyone working together which puts your family at the heart of the decisions made about your child or children.



Northumberland  
County Council

**Q: Why do we need an Early Help Assessment?**

**A:** There are 5 important reasons:

- To give all practitioners working with children and young people a holistic tool to assess a child's/young person's needs at the earliest opportunity.
- To ensure these needs are not overlooked and plans are formulated straight away to address / support these needs.
- To provide a common structure to record information and facilitate information sharing between practitioners.
- To provide an assessment that can then involve the right agencies at the appropriate time.
- To ensure that progress can be reviewed against the action plan and decisions made in a timely manner as soon as an issue emerges at any point in a child's life.

**Q: Who will complete the Early Help Assessment?**

**A:** All services should train all staff in completing an Early help Assessment.

**Q: Should an Early Help Assessment be completed if it is believed a child is at risk of harm?**

**A:** No, if a child is at risk of harm then the Northumberland Safeguarding Children's Board procedures should be followed immediately.

**Q: What are the benefits of an Early Help Assessment?**

**A:** Potential benefits include:

- Identifying needs/concerns early will be of benefit to families and agencies.
- Quicker service provision to children and families.
- Better service provision to children, young people and families — the Early Help Assessment will look at the child/young person holistically and also address any issues within the wider family.
- Less repetition and duplication for children young people and families due to the Early Help Assessment being shared, with consent, between practitioners.
- Timesaving for practitioners as they will be able to build on existing knowledge and add this to the Early help Assessment.

**Q: When should an Early Help Assessment be completed?**

**A:** An Early Help Assessment can be done at any time between 0-18 years (age can be extended if a young person has some identified need, learning disability or a young parent who needs additional supports). It is designed to start where there is a child/young person with an issue or need that needs to be addressed and some supports need to be put in place. Where a child's needs are unclear, a plan would address what the issues are and how they can be supported.

**Q: What is the process that should be followed to complete an Early Help Assessment?**

**A.**

- Engaging with the child, young person and parent to discuss the issues you have. Contact EHA Admin to see if an Early Help Assessment already exists. Decide with the parent if an Early Help Assessment would be beneficial to address the needs of the child and family but also **seek consent from parent.**
- Completing the Early Help Assessment with the child (age appropriate) and family, making use of the information gathered from child, family and other practitioners and completing the consent form.
- Then look to agree actions that the practitioner can deliver, and if more than one agency has been identified to support the child and family then a Team Around the Family meeting will need to be held to formulate or extend the action plan with agreed outcomes from the agencies involved.

**Q: How will information be kept confidential?**

**A:** Early Help information should normally be held and shared only with the informed consent of the child, young person, or their parent or carer. The exception would be if the information gathered led to a concern that the child (or other children) was suffering from or at risk of significant harm.